



Easton Fire Department

One Center Road
Easton, CT 06612
(203) 268-2833

Knox Box Registration

BUILDING INFORMATION:

STREET ADDRESS: _____

CITY _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: () _____

OCCUPANT NAME: _____

PRIMARY CONTACT NAME: _____

PHONE NUMBER:(DAY) () _____ (NIGHT) () _____

BUILDING PROTECTED BY:(CHECK ALL THAT APPLY)

☐ BURGLAR ALARM ☐ FIRE ALARM ☐ SPRINKLER SYSTEM

ALARM INFORMATION (IF APPLICABLE)

ALARM COMPANY NAME: _____

PHONE NUMBER: () _____

MAIN PANEL LOCATION: _____

SPRINKLER COMPANY: _____

PHONE NUMBER: () _____

IS YOUR ALARM REGISTERED WITH THE POLICE DEPARTMENT: ☐ YES ☐ NO

IS YOUR KEY HOLDER INFORMATION UP TO DATE: ☐ YES ☐ NO

BUILDING OWNER INFORMATION:

NAME: _____

STREET ADDRESS: _____

CITY _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER:(DAY) () _____ (NIGHT) () _____

Please complete the form and return to the: Easton Fire Department
one Center Rd
Easton, CT 06612
Attn: Knox coordinator

.....Office use only.....
Knox Box Id: _____ Date in service: _____

Knox Box location: _____